

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)

Application Number

10/759697

Filing Date

11/16/04

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend				
1	I						51			
2		I					52			
3	I						53			
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50							100			
Total Indep	6						Total Indep			
Total Depend	25						Total Depend			
Total Claims	31						Total Claims			

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